2004 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2004

SIGNATURE:

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	DOCUMENT # A0300000365 1. Entity Name INTERAMERICAN REAL ESTATE FUND, LTD.					04 MAR II PM I: 53	
	Principal Place of Business Mailing Address 3440 HOLLYWOOD BLVD. 3440 HOLLYWOOD SUITE 360 SUITE 360 HOLLYWOOD, FL 33021 HOLLYWOOD, FL			-			
	2. Principal Place	of Business	3. Mailing Address	3. Mailing Address			
Ī	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		02012004 Chg-LP CR2E003 (10/03)	
	City & State		City & State	City & State		4. FEI Number Applied For 37–1460339 Not Applied be	
	Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent	
	ROUSSO, MARK E ESQ 3440 HOLLYWOOD BLVD. SUITE 360 HOLLYWOOD, FL 33021				Name Street Address	(P.O. Box Number is Not Acceptable)	
		,			City	FL Zip Code	
!	8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
	SIGNATURE					DATE	
	9. Capital Contributions as Shown on record. \$1,500,000.00 10. Amount of Capital C in FLORIDA to date.					0,000.00	
	A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.						
	12. GENERAL PARTNER INFORMATION			13.		ADDRESS CHANGES ONLY	
	NAME RE	REAL ESTATE MANAGEMENT & DEVELOPMENT			EET ADDRESS		
		40 HOLLYWOOD BLVD. DLLYWOOD, FL 33021	GROUP, INC.	СП	r-ST-ZIP		
	DOCUMENT # NAME	NAME Street Address		STP	EET ADDRESS	200030400682 03/15/0401020007 **526.25	
_	STREET ADDRESS CITY-ST-ZIP			cm	Y-ST-ZIP		
ĺ	DOCUMENT # NAME			STR	EET ADDRESS		
	STREET ADDRESS CITY-ST-ZIP		24.5 (1)	CITY	r-ST-ZIP		
	DOCUMENT # NAME			STR	EET ADDRESS		
ERE	STREET ADDRESS CITY-ST-ZIP			CITY	r-St-ZIP		
CHECK HERE	DOCUMENT # NAME			STR	EET ADORESS		
	STREET ADDRESS CITY-ST-ZIP			CIT	r-ST-ZIP		
STAPLE	DOCUMENT # NAME			STR	EET ADDRESS		
	STREET ADDRESS CITY-ST-ZIP			CITY	Y-ST-ZIP		
	indicated on t	14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership of the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.					

E AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER